

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS2758AGZ</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/15/2011</b>
NAME OF PROVIDER OR SUPPLIER  <b>EMERITUS AT SPRING VALLEY</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>8880 W TROPICANA AVE</b> <b>LAS VEGAS, NV 89147</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments  The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.  This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 2/17/11 through 3/15/11. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.  The facility is licensed for 52 Residential Facility for Group beds for which provide care to Elderly and Disabled persons and persons with Alzheimer's disease, Category II residents. The census at the time of the survey was 46. Fifteen resident files were reviewed and fifteen employee files were reviewed. One discharged resident file was reviewed. The facility received a grade of A.  The following deficiencies were identified:	Y 000		
Y 070 SS=D	449.196(1)(f) Qualifications of Caregiver-8 hours training  NAC 449.196 1. A caregiver of a residential facility must: (f) Receive annually not less than 8 hours of training related to providing for the needs of the residents of a residential facility.  This STANDARD is not met as evidenced by: Based on record review on 2/17/11, the facility failed to ensure that 1 of 15 caregivers received	Y 070		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 070	Continued From page 1  eight hours of annual training (Employee #15-missing proof of 8 hours caregiver training).  Severity: 2 Scope: 1	Y 070			
Y 103 SS=D	449.200(1)(d) Personnel File - NAC 441A / Tuberculosis  NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee.  This Regulation is not met as evidenced by: Based on record review on 2/17/11 the facility failed to ensure 3 of 15 employees complied with NAC 441A.375 regarding tuberculosis (TB) testing for the protection of all residents (Employee #2-missing X-ray results, Employee #10-missing 2-step TB test and #13-no indication of positive TB and no 2010 signs and symptoms).  Severity: 2 Scope: 1	Y 103			
Y 255 SS=F	449.217(6)(a)(b) Permits - Comply with NAC 446 on Food Service  NAC 449.217 6. A residential facility with more than 10 residents must: (a) Comply with the standards prescribed in chapter 446 of NAC.	Y 255			

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Y 255	<p>Continued From page 2</p> <p>(b) Obtain the necessary permits from the Bureau of Health Protection Services of the Division.</p> <p>This Regulation is not met as evidenced by: Based on observation, interview and record review on 2/17/11, the facility failed to ensure the kitchen complied with the standards of NAC 446.</p> <p>Findings include:</p> <p>1 Critical Violations:</p> <p>a. An open cup of beverage, belonging to a foodhandler, was on the food preparation table along with food and clean equipment.</p> <p>b. An unlabeled spray bottle of what appeared to be glass cleaner, and an open/uncovered bottle of carpet cleaner, which was the same color as the glass cleaner, were stored beneath the dishwasher.</p> <p>2. Cleaning and Sanitation Issues:</p> <p>a. Opened, undated containers of milk were stored in the reach-in refrigerator in the kitchen.</p> <p>3. Equipment and Maintenance Issues:</p> <p>a. The soiled, wet mop was stored in the empty mop bucket.</p>	Y 255			

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Y 255	Continued From page 3	Y 255			
	Severity 2: Scope: 3				
Y 895 SS=C	<p>449.2744(1)(b)(1) Medication / MAR</p> <p>NAC 449.2744</p> <p>1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain:</p> <p>(b) A record of the medication administered to each resident. The record must include:</p> <p>(1) The type of medication administered;</p> <p>(2) The date and time that the medication was administered;</p> <p>(3) The date and time that a resident refuses, or otherwise misses, an administration of medication; and</p> <p>(4) Instructions for administering the medication to the resident that reflect the current order or prescription of the resident's physician.</p> <p>This Regulation is not met as evidenced by: Based on record review on 2/17/11, the facility failed to ensure the medication administration record (MAR) was accurate for 1 of 15 residents (Resident #1-Prochlorperazine was being administered and not written in the MAR and Compazine was not written on the MAR).</p>	Y 895			

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Y 895	Continued From page 4  Severity: 2 Scope: 1	Y 895			

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